

☐ YES ☒ NO

PLEASE
LETTER
PLAINLY
OR TYPE

Artist

FRANCES

FIRST NAME

O'LEARY

LAST NAME

Address

57 N. ADOLPH, AKRON 4

NO

STREET

CITY

ZONE

SUMMIT

COUNTRY

Tel. 253-5470

Tel

☐ YES ☐ NO

PRICE

TITLE

MEDIUM

CLASS

DO NOT WRITE IN
THESE COLUMNS[illegible]

Use second blank if required

This entry blank must be fully made out, (typewritten or plainly printed) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

REC'D MAR 11 1963

Frances O'Leary
SIGNATURE

SIGNATURE _____